

## Huber Park Rental Request and Agreement Shakopee Parks and Recreation

1255 Fuller Street, Shakopee, MN 55379 Phone# (952) 233-9500 Fax# (952) 233-3831

*Huber Park Address:* 150 Fillmore St. N. (on the Minnesota River at Hwy. 101 Bridge) Contact: Brad Eller, Recreation Supervisor, 952-233-9507, beller@ShakopeeMN.gov

Completing this form is acknowledgment that you have read, reviewed and agreed to the guidelines stated in the accompanied document 'Huber Park Rental and Use Policies'.

Day	of Week N	Month/D	ay/Year	Set Up 7	 Γime	Event Start Time	Event End Time	Take Down Complete Time
Orga	anization/	Title o	f Event:	·			Tax Ex	empt ID:
Maiı	n Contact	:				Date	of Birth:	
Phone: H(			C	CE-Mail				
Address						City	Zip	
# At	tending:_	l	Rental A	Activitie	es Inc	clude:		
We i	ntend to u	ıtilize th	ne follov	ving are	a at I	Huber Park (ch	eck any that app	ly):
	Stage Shelter/ Amphitheatre			Pic	Designated Picnic/Reception Area		Design in parking	nated Tent location
lf uti	lizing a te	nt/cand	py (or e	quipme	nt re	ntal):		
	We are provide (refer to picnics, receptions Is so, indicate size in ft:Open or closed sides:				· ·		table, chair or dan	- separate payment
lf uti	lizing the	perforn	nance s	tage, wi	II you	ı have amplifie	ed audio or sound	<b>!</b> ?
		C No	)		If Ye	es, Describe: (Public	c Address System	, Band, DJ, etc.)
Will	your renta	al involv	e sellin	g any fo	od o	r beverage?		
	i	No If Yes, Describe: (may require State						
Do y	ou plan to	have b	eer (ca	nnot se	II) at	your private re	ental, as allowable	e by City ordinance?
	Ī	C No	)		Yes			
Upoi	n reviewin permit (lar	ıg Hube	er Park F	Rental U	se ar	nd Policies, do lk, large tent)?	you anticipate a	need for a special use or
	ا	C No			Yes	, please contac	t me to discuss cate of insurance)	

Payment in full due upon reservation \$100 is non-refundable No refunds within 30 days of rental date Renter responsible for park damages Rentals requiring special permits, of extended duration or wit	h special characteristics may be required to provide a damage deposit.									
Flat Rate: Additional staff (if needed): Chairs (approx. 65 available): Sound System (mic, cd/ipod capability and 2 speakers)	\$90 per hour w/ 2 hour minimum \$20 per hour w/ 2 hour minimum \$50 per rental time period \$50 per rental time period									
OFFICE USE ONLY										
Rental Request Rec'd Date: Rec'd Time: _	Employee:									
Total Rental Hours: X Hourly Rate = \$										
+Rental Item(s): Sound \$50 Chairs \$50 Cedar Stairs \$0 \$										
+ Additional Stat = Sub Total	ff (if needed)									
+ Sales Tax 6.87	\$ \$									
+ Damage Deposit (if ap = Total Amount	oplicable) \$									
Payment #1 Check # Cash Credit Card Auth. #	Date Rec'd Employee Amount									
Payment #2 Check # Cash Credit Card Auth. #	Date Rec'd Employee Amount									
	Balance Due									
Damage Deposit Check # Cash Credit Card Auth. #	Date Rec'd Employee Amount\$100									
CREDIT CARD NUMBER	Visa MasterCard									
Exp. Date	3 digit sec code:									
Name as it appears on card:										
and exempt from liability for any injury or disability which I or the par listed above due to the passive or active negligence of the City, agents injuries that I or other participants of the rental listed above incur as th	eation facility listed above, I agree that the City of Shakopee shall be held harmless rticipants of the rental listed above might incur as the result of use of the facility or employees. This release of liability of the City of Shakopee does not include any the result of willful, wanton or intentional misconduct by the City of Shakopee, its pecifically binding upon my spouse, heirs and assigns and the spouses, heirs and re, I verify I have read the above release statements:									
SIGNATURE OF MAIN CONTACT	DATE									